

Name  
in  
Full

Margaret C. Bartley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1900	Oxon	Talbot			
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	17	11	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm C Bartley		Father's Birthplace	Dont know.	
Mother's Maiden Name	Margaret Simpson		Mother's Birthplace	Oxon Mtn.	
Name of person giving information	Margaret Simpson		How related to deceased	Mother.	

CAUSES OF DEATH

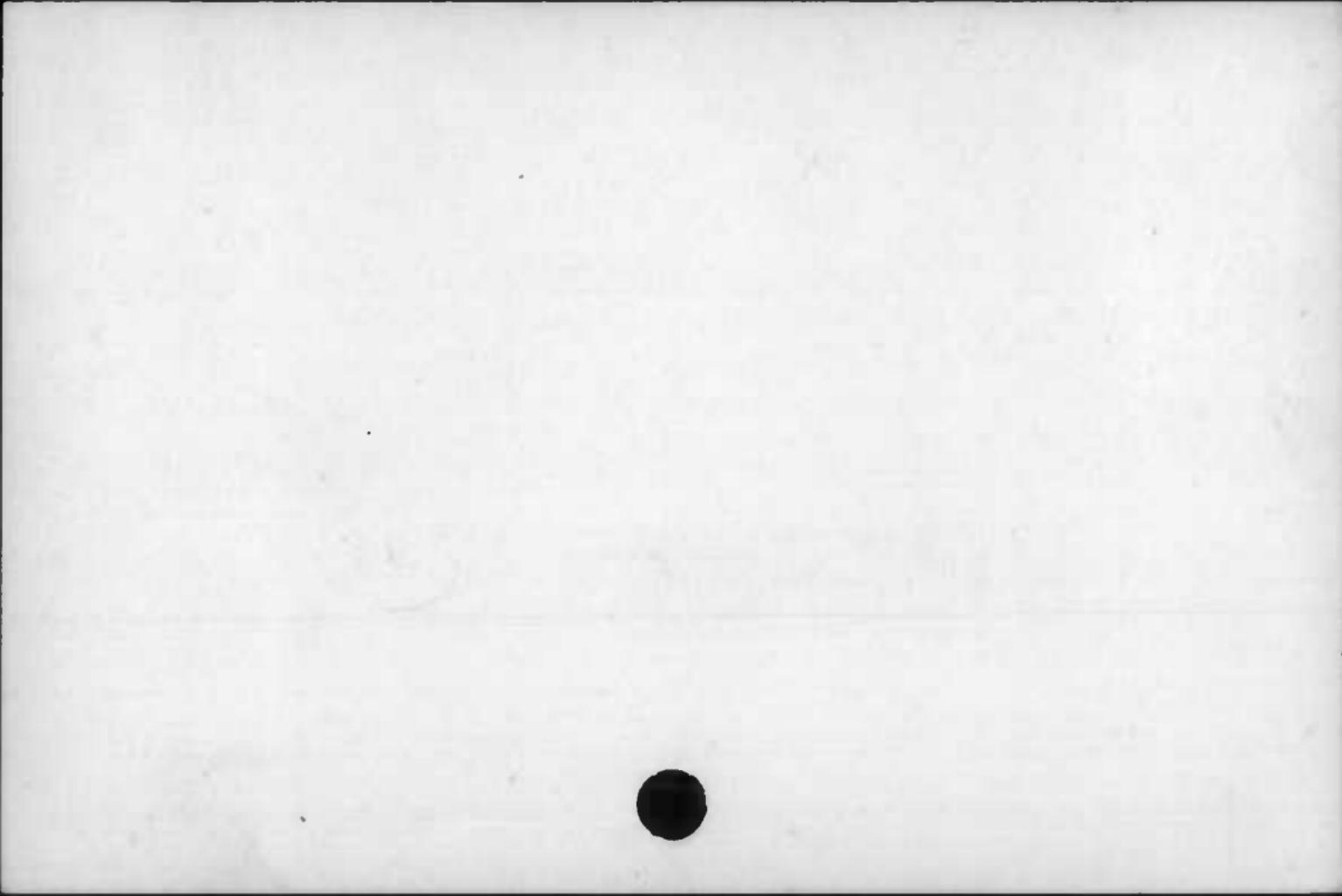
99

How long

2 days.

PHYSICIAN  
OR CORONER

Primary	Pneumonia	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

Elise Irene Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town **Bellvue** County **Talbot** MARYLAND

Died at **Bellvue** Date of death **1900** Month **3** Day **21** Years **26** Months **11** Days **5**

Sex **Female** Color or Race **White** Birth-place **Balto,**

Occupation **Housewife** Where Residing if not at place of death **Frank J. Benson,**

Married, Single or Widowed **Married** Name of Wife or Husband **Frank J. Benson,**

Father's Name **William H. Bratt** Father's Birthplace **Balto.**

Mother's Maiden Name **Laura V. Fullum** Mother's Birthplace **Balto**

Name of person giving Information **Laura V. Bratt** How related to deceased **Mother**

PHYSICIAN  
OR CORONER

Primary

**Paroxysmal Fever**

Immediate

**abscess**

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

137

How long

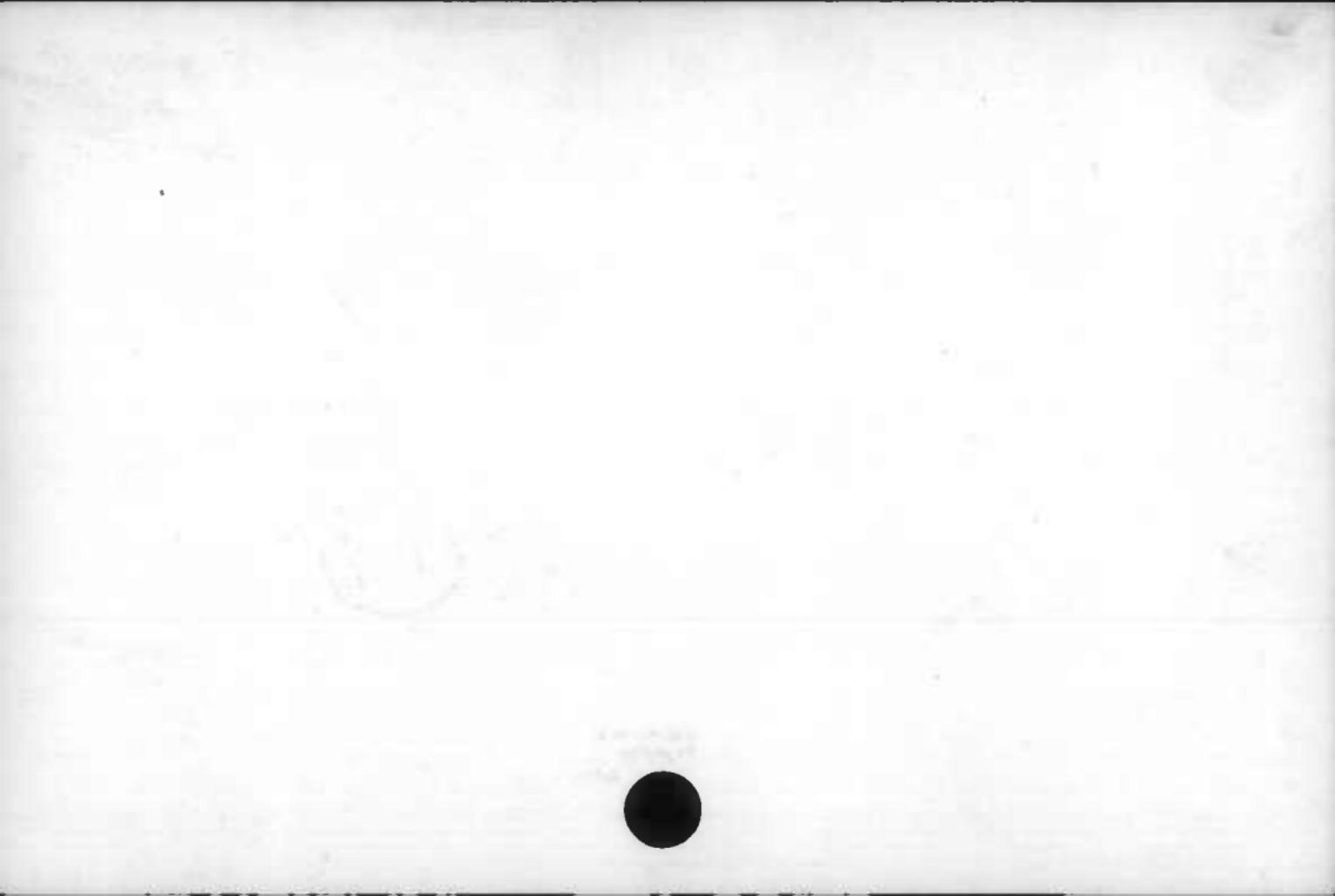
**3 weeks**

How long

**one week**

**Sam'l C. Tipper**  
**Royal Oak**  
**Md**

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

I

Laurence Blackwell

CERTIFICATE OF DEATH

MARYLAND

Died at

Town  
Easton

County  
Talbot

Date  
of death

1960

Month  
March

Day  
1

Years  
14

Months  
7

Days  
18

Sex

Male

Color or  
Race

Black

Birth-  
place

Md

Occupation

None

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

Benjamin Blackwell

Father's  
Birthplace

Md

Mother's  
Maiden Name

Lusk Lurita

Mother's  
Birthplace

Md

Name of person giving  
Information

Benjamin Blackwell

How related  
to deceased

father

CAUSES OF DEATH

108

How long

V  
5 days

Primary

Apendicitis

Immediate

Same

Are the name, age, sex, color, date  
and place correctly given above?

Yes

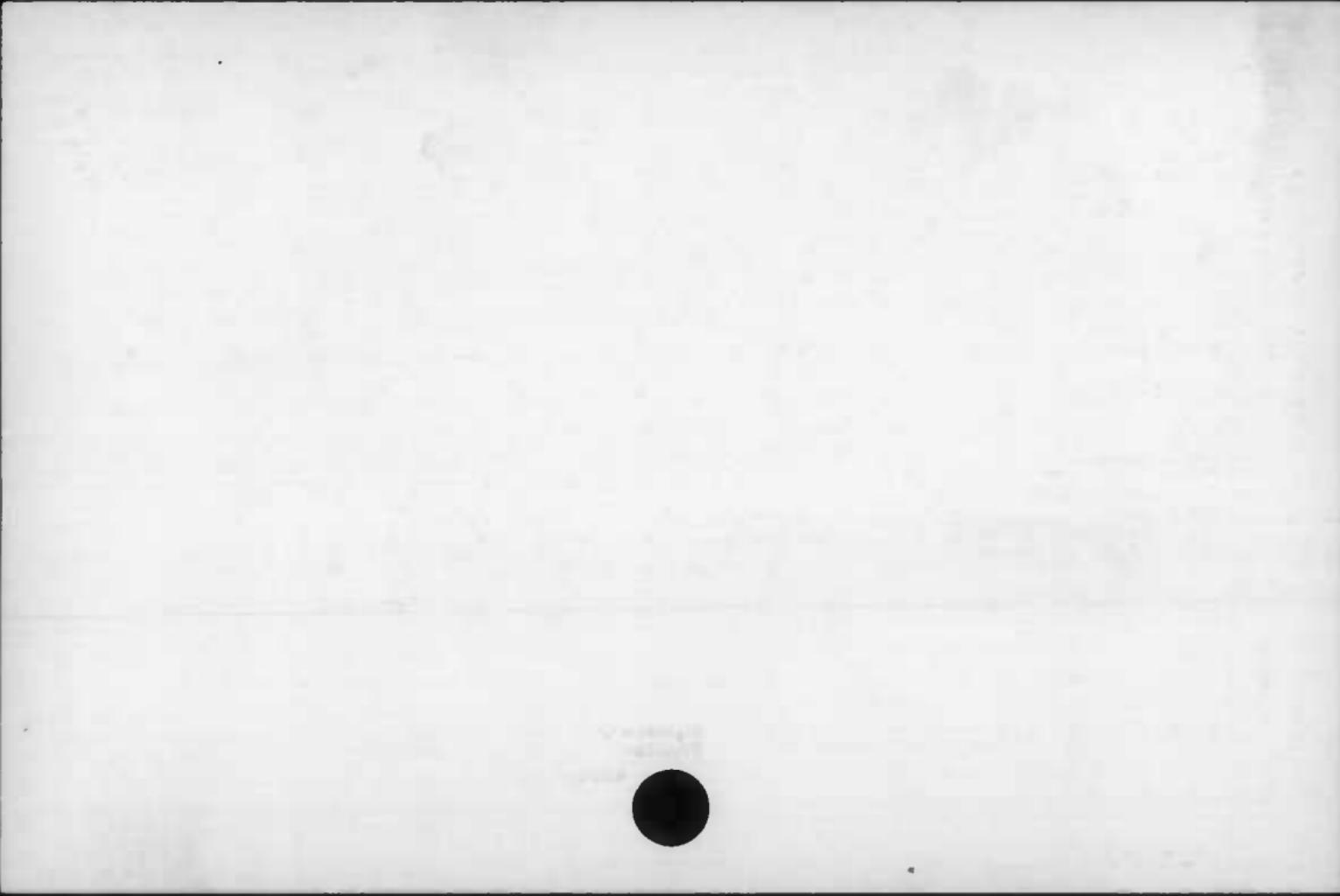
Signature of  
Physician

Address

E. R. Dijpe  
Easton

Md

Accident or Suicide



Name  
in  
Full

Mary Ann Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died mean

Town  
Grappe

County  
Salboe

Date  
of death 1900

Month  
3-

Day  
11

Years  
39-

Months  
5-

Days  
3-

Sex Female

Color or  
Race  
Negro -

Birth-  
place  
Salboe Co. Ind

Occupation  
Housewife

Where Residing if not  
at place of death  
Ezekiel Brown

Married, Single  
or Widowed  
Married

Name of Wife or  
Husband  
Isaac Nixon

Father's  
Birthplace  
Salboe Co. Ind

Father's  
Name  
Isaac Nixon

Mother's  
Maiden Name  
Emily Sharpe

Mother's  
Birthplace  
" " "

Name of person giving  
Information  
Ezekiel Brown

How related  
to deceased  
Husband

CAUSES OF DEATH

Primary

Heart Failure.

188

How long

Immediate

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Joseph A. Ross M.D.  
Grappe, Ind

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Robert F. Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Trappes Town Talbot County  
Date of death 1970 Month mar. Day 10 Years 64 Months - Days -  
Sex Male Color or Race white Birth-place Dorchester Co.  
Occupation Farmer Where Residing if not at place of death  
Married, Single or Widowed married Name of Wife or Husband Alberta Bryan  
Father's Name Wrightman Bryan Father's Birthplace Dorchester Co. Md.  
Mother's Maiden Name Hester A. Hastings Mother's Birthplace Delaware  
Name of person giving Information Alberta Bryan How related to deceased wife

CAUSES OF DEATH

28

How long

5 months

How long

Pulmonary Tuberculosis  
Exhaustion with respiratory failure General tires.

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. S. Seymour

Trappes Md

Accident or Suicide



Name  
in  
Full

Rachel Ann Rosaltha Fairbanks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		St. Michaels	Talbot			
Date of death	1960	Month	Day	Years	Months	Days
Date of death	1960	McL	4	68	5	23
Sex	Female	Color or Race	White		Birth-place	Baltimore
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	unknown			
Father's Name	Ebenezer Humphrey					
Mother's Maiden Name	Margaret Amy Wells					
Name of person giving Information	Josephine L. Fairbanks					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: Diabetes and Nephritis

Immediate: Uremia

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

J. L. Carpenter

Address

St. Michaels

Maryland

Accident or Suicide

No

50

✓

How long

Ten years or longer

How long

Ten days.



Name  
in  
Full

Hester Ann Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Easton Town Talbot County  
Date of death 1901 Month March Day 28 Age 76 Years  
Sex Female Color or Race white  
Occupation Housewife Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Olo J Hubbard  
Father's Name Samuel J Shurantz Father's Birthplace Gardiner  
Mother's Maiden Name Wif. Sally Mother's Birthplace Easton  
Name of person giving Information D. Hubbard How related to deceased Daughter

CAUSES OF DEATH

64

Primary

Apoplexy 2 days  
Indigestion 3 hrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Shurantz  
Easton Md

PHYSICIAN  
OR CORONER

Accident or Suicide

No



Name  
in  
Full

Peter D. Hunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Jalbot Co	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Marshall	Father's Birthplace	Jalbot Co	
Mother's Maiden Name	Cath Hunt - Maiden name not known					
Name of person giving Information	Mary Hunt					
Father's Name	Dawson Hunt					
Mother's Birthplace	Jalbot Co					
How related to deceased	Wife					

CAUSES OF DEATH

39

Primary	Carcinoma	9 neck, striking about the thyroid gland	How long
Immediate	Cardiac failure		How long

2 months

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

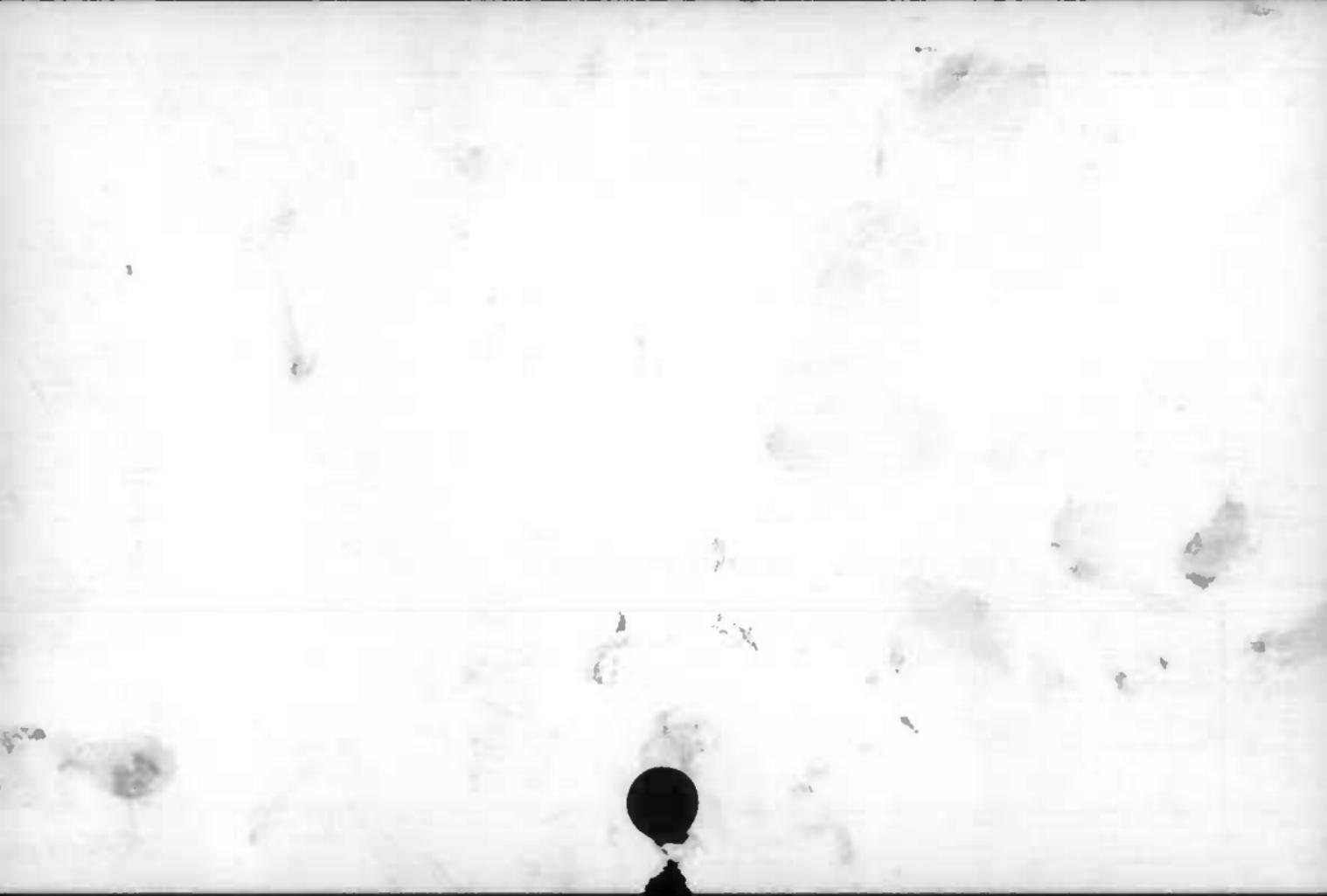
Signature of  
Physician

Address

Accident or Suicide

No

J. Stroper M.D.



Name  
in  
Full

Horace B. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	89	2 17
Occupation	勞工	Where Residing if not at place of death	Birth-place	Jalbot Co	
Married, Single or Widowed	Married	Name of Wife or Husband	Hester Ann Caldwell		
Father's Name	Jesse Johnson	Father's Birthplace	Not Known		
Mother's Maiden Name	Selina Booty	Mother's Birthplace	Jalbot County		
Name of person giving Information	Ida Dawson	How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Neplritis	How long
Immediate	Cardiac failure	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide		No

120

✓

6 months

~

Intubated



Name  
in  
Full

Sarah Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **Easton** Town **Talbot** County  
**MARYLAND**  
Date of death **19010 March** Month **12** Day **Age 37** Years  
Sex **Female** Color or Race **Black**  
Occupation **Cook** Where Residing if not  
at place of death **Wilhelmine Johnson**  
Married, Single or Widowed **Married** Name of Wife or Husband  
Father's Name **Capo Wilson** Father's Birthplace **Zentzma**  
Mother's Maiden Name **Sarah James** Mother's Birthplace **Talbot**  
Name of person giving Information **Sarah Wilson** How related to deceased  
**Mother**

CAUSES OF DEATH

Primary **41 Lb. Multilocular Ovarian Cyst.**  
Immediate **Shock following operation**

131

How long

one year

How long

72 hrs -

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

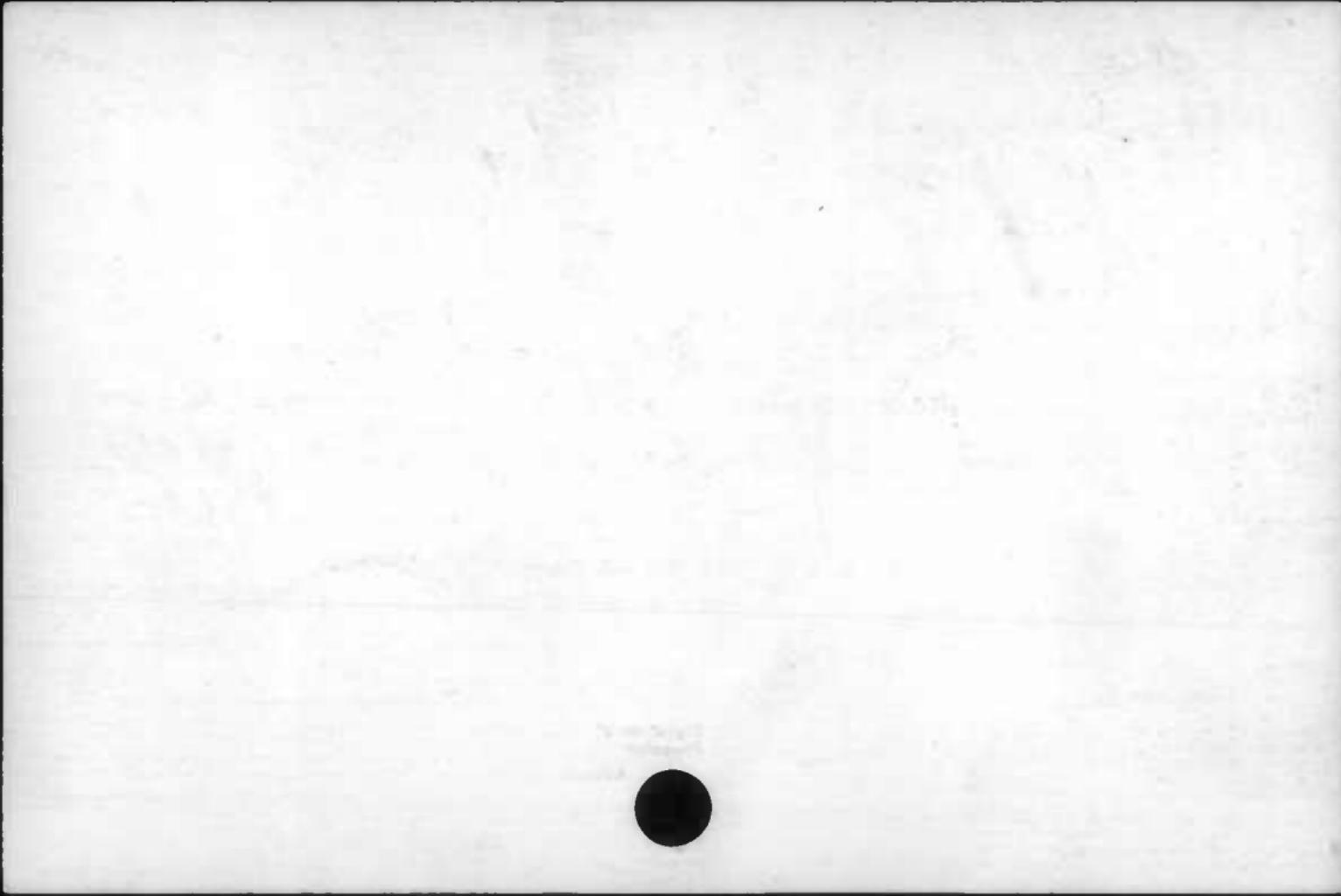
Chas. J. Davidson  
Easton

' M.D.

PHYSICIAN  
OR CORONER



Accident or Suicide



Name  
in  
Full

Marie Eleonore Kunge

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Longwood		Town	Talbot		County	MARYLAND	
Date of death	1940	Month	March	Day	1	Years	7	Months
Age	82	Color or Race	White	Days	19	Birth-place	Germany	
Sex	Female	Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Frederick Ehregott Kunge					
Father's Name	Kissig		Father's Birthplace	Germany.				
Mother's Maiden Name	not known		Mother's Birthplace	Germany				
Name of person giving information	Herman Kunge		How related to deceased	Son				

CAUSES OF DEATH

64

How long

Six days

How long

PHYSICIAN  
OR CORONER

Primary

Cerebral Aneurys.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. M. Stelle. M.D.  
Cordova  
Md.

H

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Lloyd W Limbrey

Town

Died at Hopkins Neck

County

Talbot

MARYLAND

Date of death 1960 Mar 14

Month Day  
Age 79

Years Months Days  
6 4

Sex Male

Color or Race

colored

Birth-place

Talbot Co Md

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Unknown

Father's Name

Washington Limbrey

Father's Birthplace

Baltimore

Mother's Maiden Name

Don't Know

Mother's Birthplace

-

Name of person giving  
Information

Horace Limbrey

How related  
to deceased

Son.

CAUSES OF DEATH

10

How long

Two weeks

How long

Primary

Grippe

Immediate

Diarrhoea

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

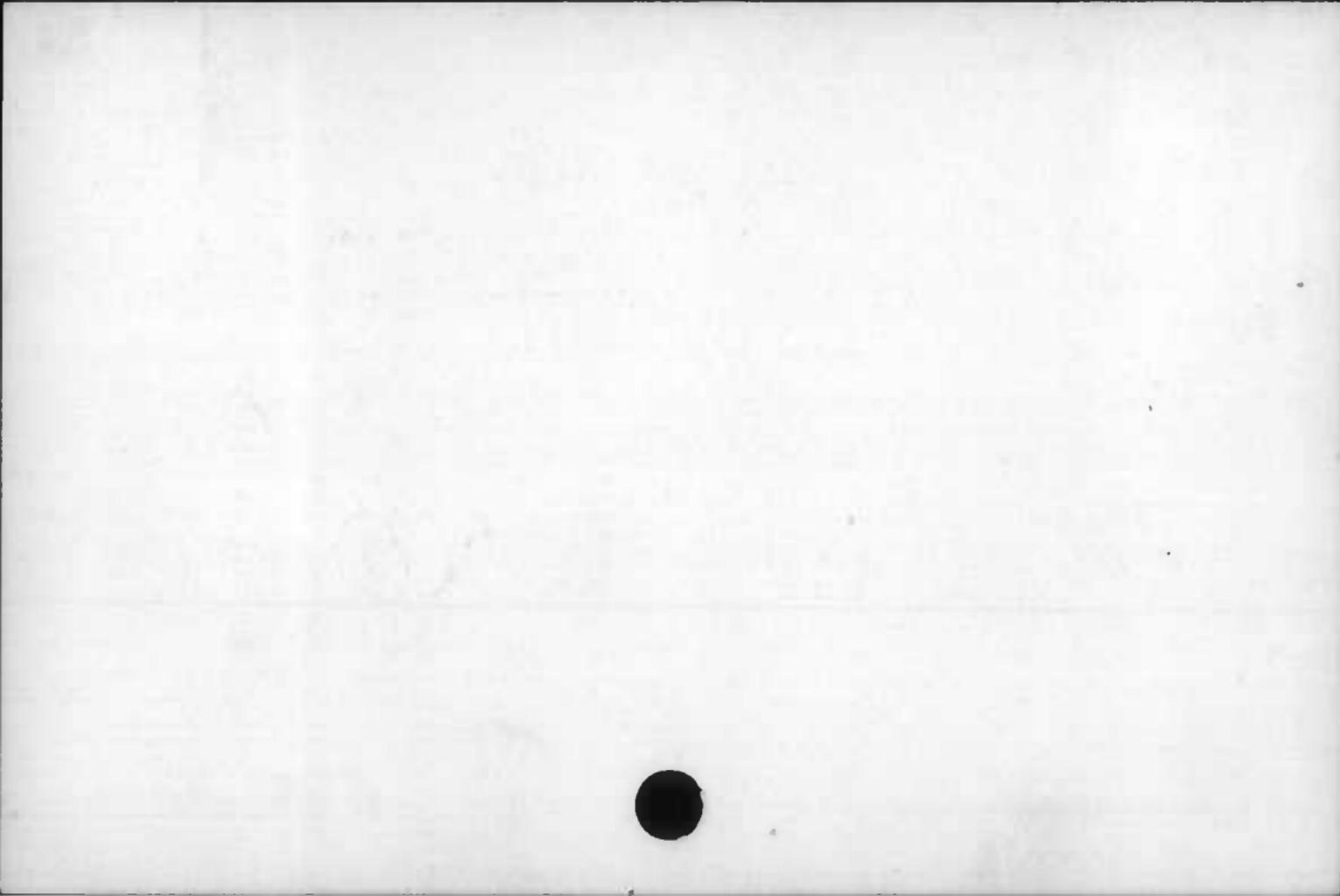
Address

Sam L. Lipp  
Royal Oak Md

PHYSICIAN  
OR CORONER

H

Accident or Suicide?



Name  
in  
Full

William Page

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1900	Month	Day	Years	Months	Days	
Sax	Male	Color or Race	Black	Age	43	27	
Occupation	Coachman	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	St. Michaels				
Father's Name	not known	Father's Birthplace					
Mother's Maiden Name	not known	Mother's Birthplace					
Name of person giving Information	Ida Page	How related to deceased					

CAUSES OF DEATH

79

How long

six months

How long

Longer

PHYSICIAN  
OR CORONER

Primary

Heart Failure - Mitral Insufficiency to my knowledge

Immediate

Broken Compensation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

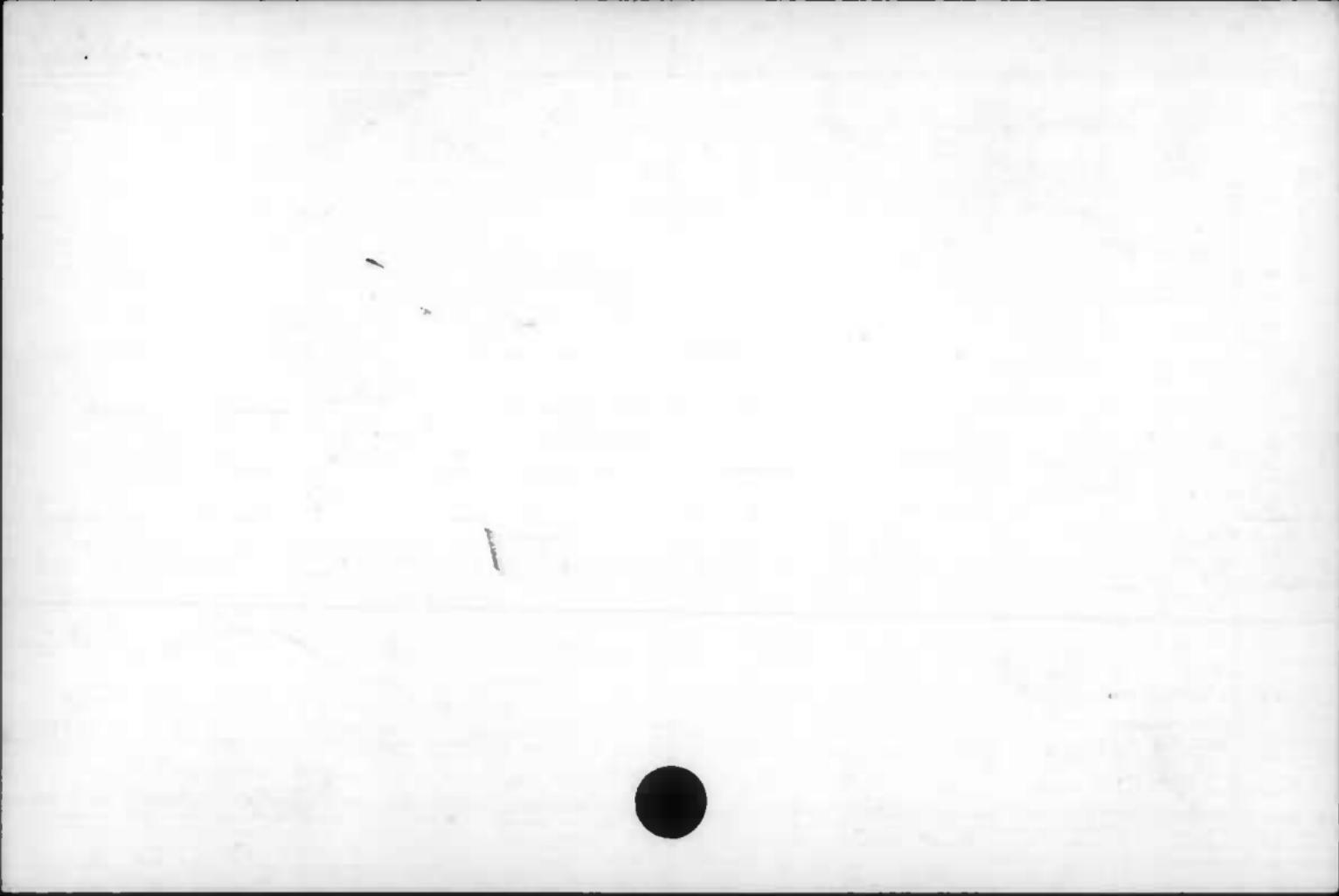
F. D. Darhuter

Address

St. Michaels Md

Accident or Suicide

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Janie Pauls

CERTIFICATE OF DEATH

MARYLAND

Died at Wye Mills

Town County  
Folbot

Date of death 1900 Month

Day

Years

Months

Days

1900 3

Age 42

Sex Female

Color or  
Race

Colored

Birth-  
place

Ind

Occupation

wife

Where Residing if not  
at place of death

Wye Mills

Married, Single  
or Widowed

Name of Wife or  
Husband

Janie Pauls

Father's  
Name

John Wilmer

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Clementine Handly

Mother's  
Birthplace

Ind

Name of person giving  
Information

Wye Pauls

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Pneumonia

99

How long

2 weeks

Immediate

Convulsions

How long

3 hours

Are the name, age, sex, color, date  
and place correctly given above?

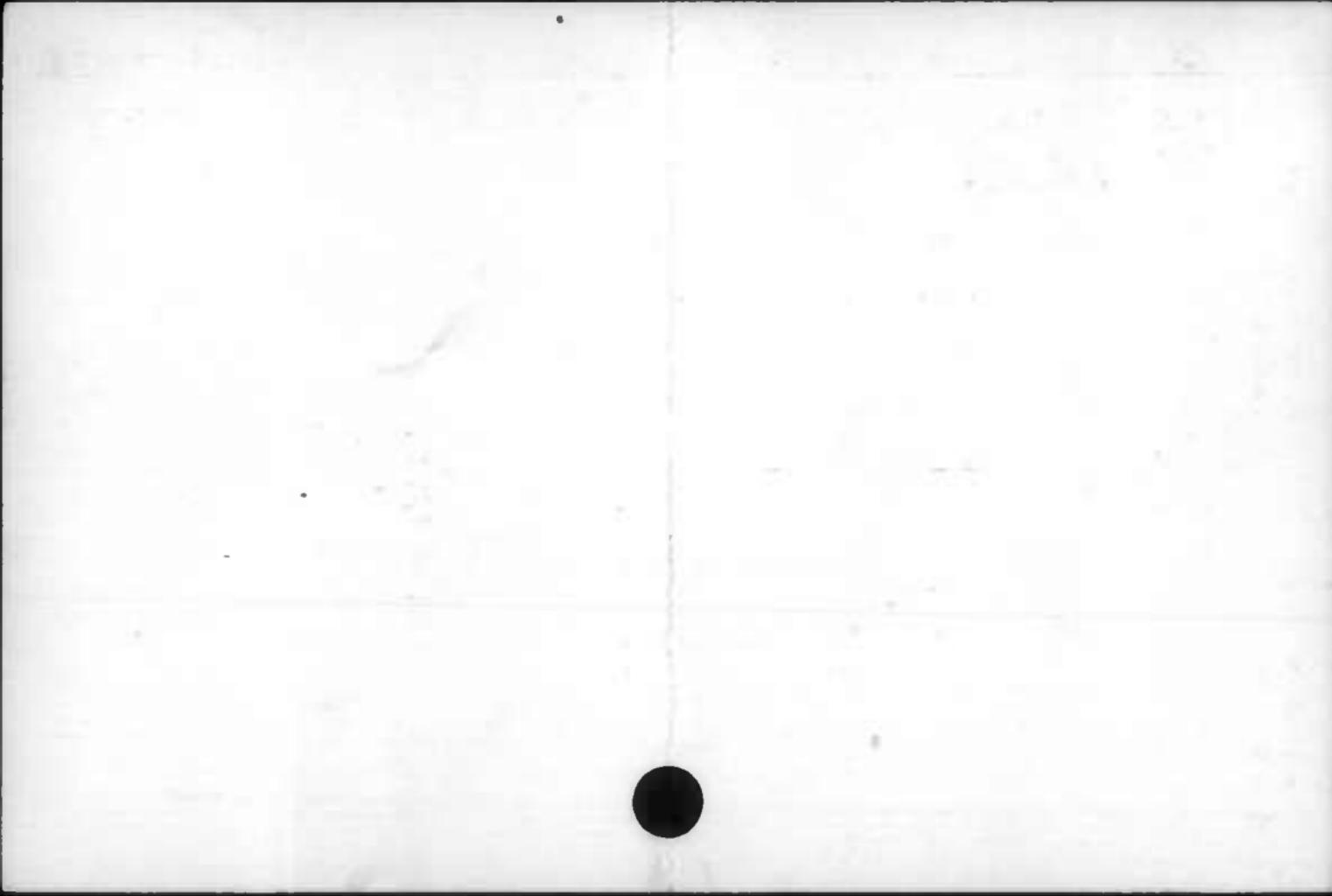
yes

Signature of  
Physician

Address

Jas. Stack, M.D.  
Wye Mills

Accident or Suicide



Name  
in  
Full

Louisa M. Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at St Michaels -  
Town St Michaels County Talbot  
Date of death 1910 Month Mar Day 8 Years 1  
Age 1 Months 10 Days 20  
Sex Female Color or Race Colored  
Occupation Clerk  
Where Residing if not at place of death Talbot Co.,  
S. Ann  
Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
Father's Name Henry Payne Father's Birthplace Talbot Co.,  
Talbot Co.  
Mother's Maiden Name Virginia Agusta Mother's Birthplace Talbot Co.,  
Talbot Co.  
Name of person giving Information Henry Payne How related to deceased Father  
Information

CAUSES OF DEATH

Primary

Marasmus

189

How long

0

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

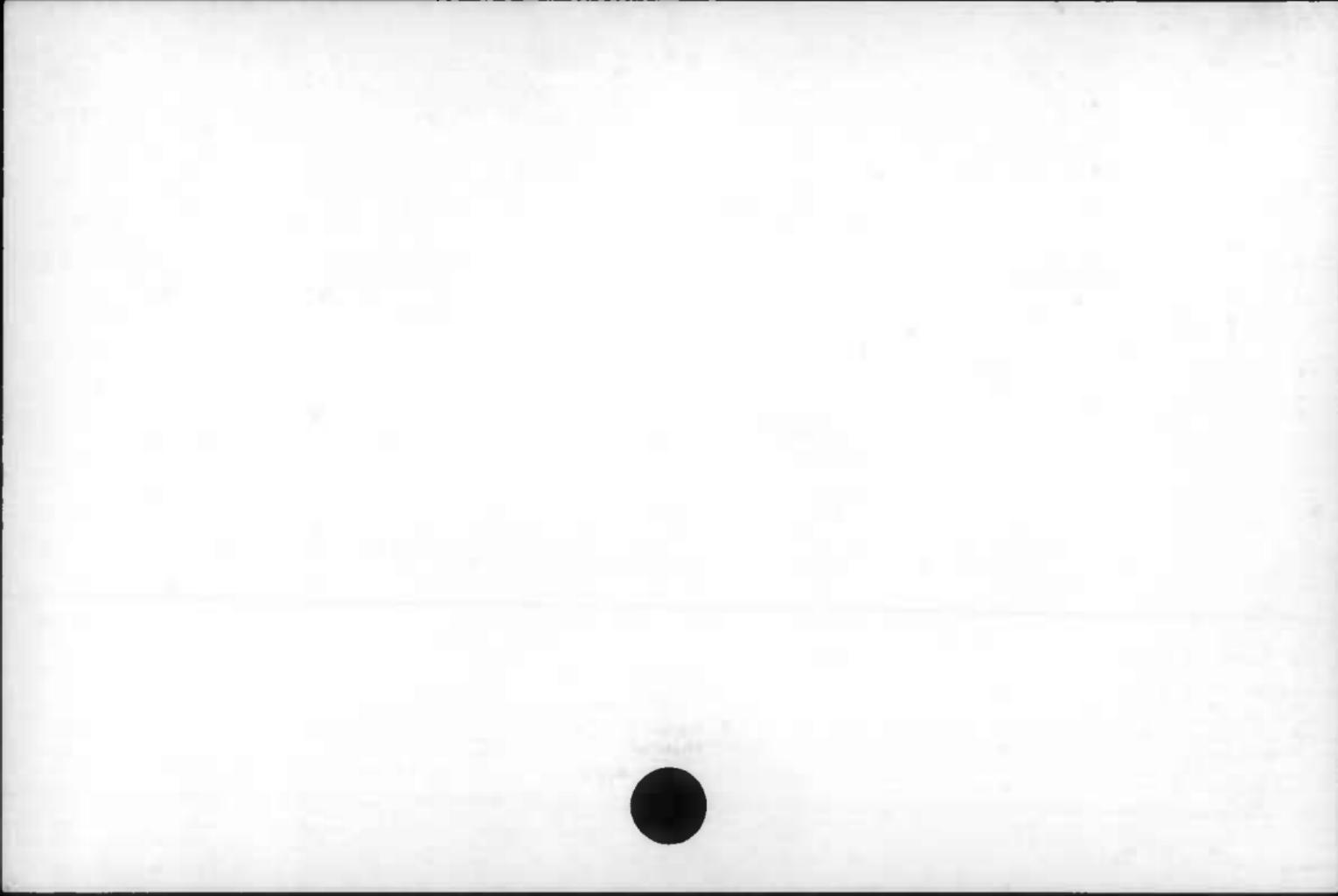
Signature of  
Physician

Address

Alf. B. Suck,  
St Michaels,  
Md.

No

Accident or Suicide



Mary. Maloney Pierce

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Cordova</u>		Town <u>Talbot</u> County		MARYLAND		
Date of death <u>1930</u>	Month <u>Mar</u>	Day <u>25</u>	Years _____	Months <u>5</u>	Days _____	
Sex <u>Girl.</u>	Color or Race <u>Colored</u>	Where Residing if not at place of death <u>Cordova Md</u>		<u>Cordova. Md</u>		
Occupation <u>None</u>	Name of Wife or Husband <u> </u>		Father's Birthplace <u>Talbot Co Md</u>			
Married, Single or Widowed <u>Single</u>	Father's Name <u>Nathaniel Pierce</u>		Mother's Birthplace <u>Newton</u>			
Mother's Maiden Name <u>Mary. McQuay</u>	Name of person giving Information <u>Nathaniel Pierce</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

96

Primary

Pulmonary Congestion

How long

Two days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. M. Stelle. M.D.  
Cordova.  
Md.

Accident or Suicide?



Name  
in  
Full

Maryaret Elizabeth Shannahan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		County <u>Galbot</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>March</u>	Day <u>19th</u>	Age <u>88</u>	Years	Months <u>6</u> Days <u>2</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Caroline Co, Md</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Samuel E Shannahan</u>				
Father's Name <u>Joseph Billiter</u>	Father's Birthplace <u>Caroline Co, Md</u>				
Mother's Maiden Name <u>Gray Robinson</u>	Mother's Birthplace <u>Delaware</u>				
Name of person giving information <u>John D Joseph</u>	How related to deceased <u>step grandson</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Indirect Obstetrics



✓

How long

6 weeks

Immediate

Whimsey

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

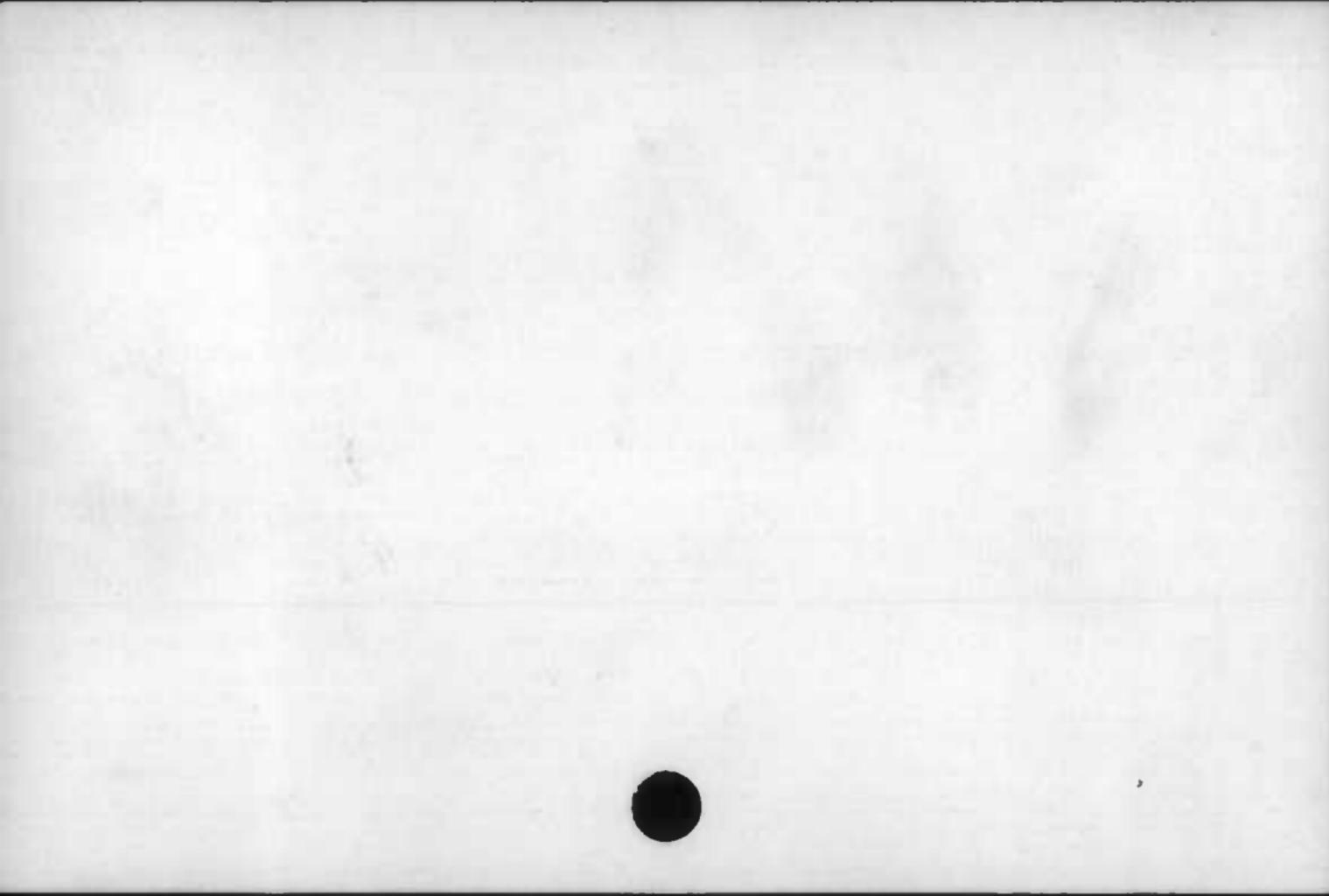
Signature of Physician

Address

Yes

My Sheriff  
Easton Md

Accident or Suicide?



Name  
in  
Full

Lizzie Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Easton

County  
Talbot

MARYLAND

Date

of death 19010 March

Month

Day  
28

Age

Years  
33

Months

Days

Sex

Female  
Cook

Color or  
Race

Black

Birth-  
place

do not know

Married, Single  
or Widowed

Name of Wife or  
Husband

Where Residing if not  
at place of death

James Skinner

Father's  
Birthplace

do not know

Father's  
Name

Mother's  
Maiden Name

Name of person giving  
Information

Mother's  
Birthplace

do not know

How related  
to deceased

Step daughter

CAUSES OF DEATH

Primary

Pneumonia

92

How long

4 Days

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

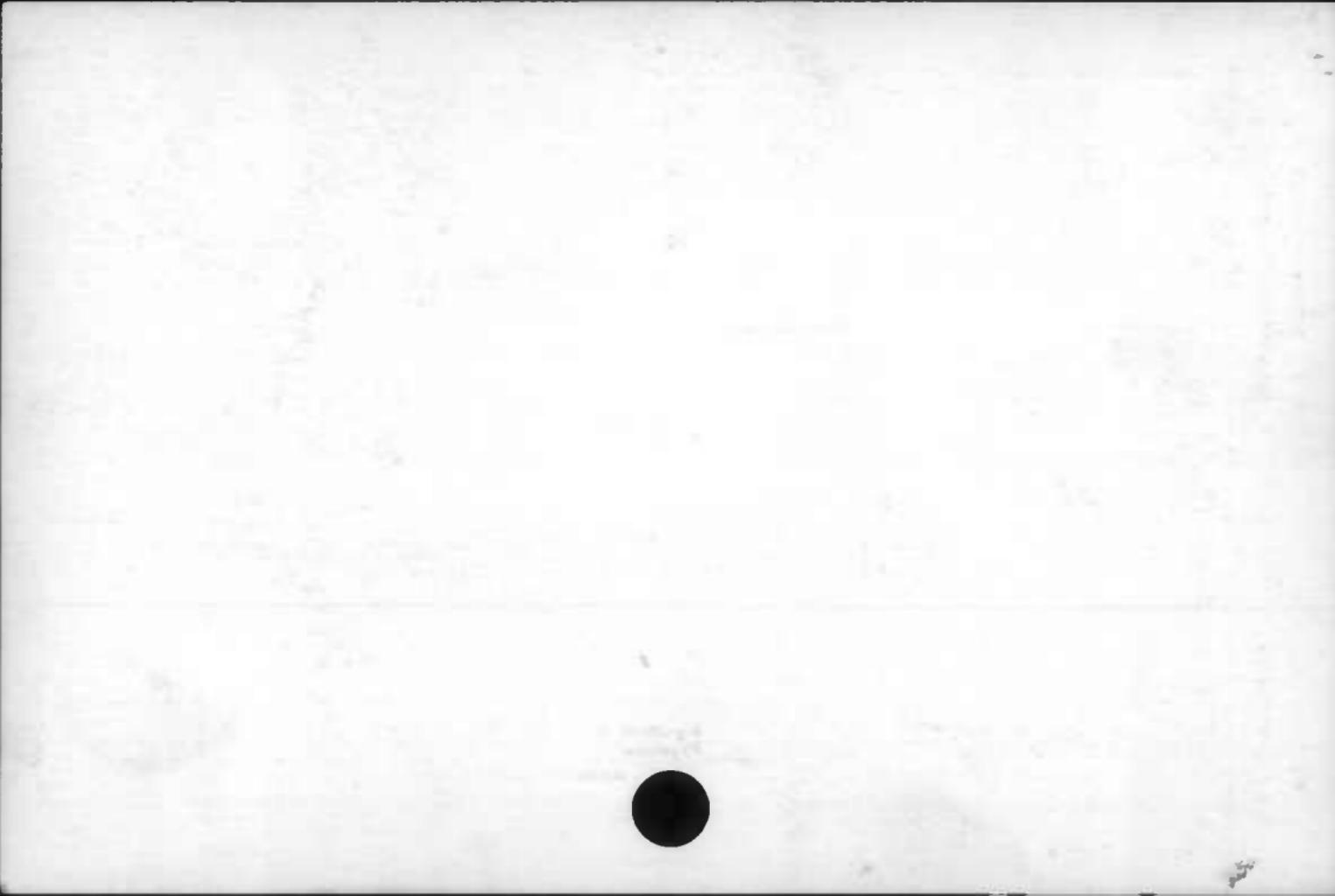
Address

Chas. J. Dandur  
Easton, Md.

PHYSICIAN  
OR CORONER

H

Accident or Suicide



Name  
in  
Full

Dead Born  
Town  
Easton

Sullivan  
County  
Salisbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Month		Day	Years	Month	Days
Date of death 1900	Month	Age	8	0	0	0
Sex Male	Color or Race		Colored	Birth-place	Md	
Occupation None	Where Residing if not at place of death			Home		
Married, Single or Widowed	Name of Wife or Husband		X	Father's Birthplace	X	
Father's Name Unknown				Mother's Birthplace	Md	
Mother's Maiden Name Clara Hensley				How related to deceased	And wife	
Name of person giving Information	Easton Sullivan			(8)	How long	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dead Born

Immediate

—

Are the name, age, sex, color, date and place correctly given above?

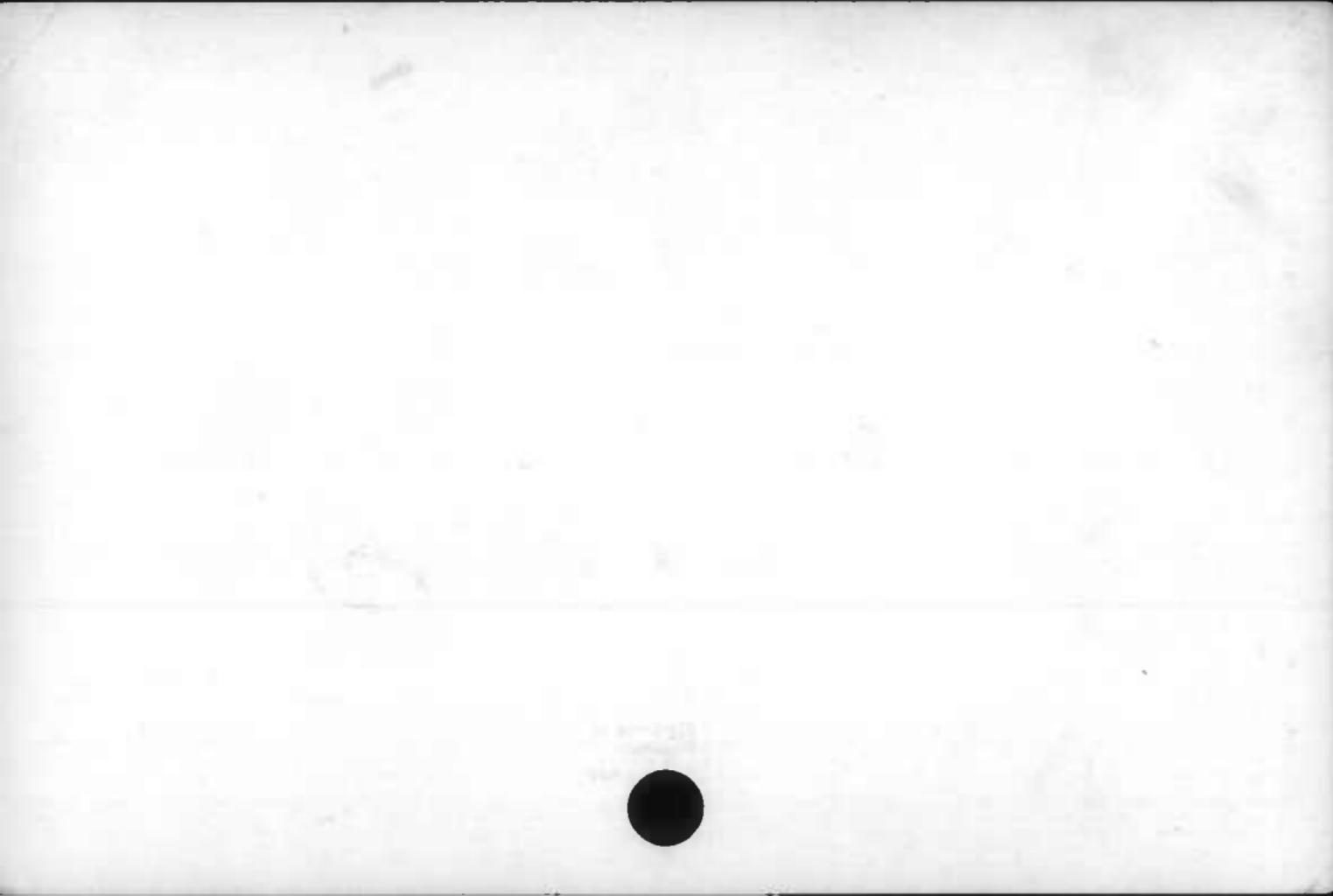
Taken from <sup>Birth</sup> card of  
Midwife

Accident or Suicide

Signature of Physician

Address

E. R. Triple H. O.  
Easton  
Md



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at McDonald		Talbot					
Date of death 1910	Month March	Day 6	Age 46	Years	Months	Days	20
Sex Male	Color or Race White			Birth- place Austria			
Occupation Carpenter			Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Antonia Weifert						
Father's Name Hugo Weifert			Father's Birthplace Austria				
Mother's Maiden Name Dritt Know			Mother's Birthplace Austria				
Name of person giving Information Antonia Weifert			How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

H

Primary

Pulmonary Tuberculosis

18 mos

Immediate

Cardiac Asthma

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Louis H. Seth  
M. D.

Address

Accident or Suicide

28

How long

